C.L. "BUTCH" OTTER - Governor RICHARD M, ARMSTRONG - Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.D. Box 83720 Boise, ID 83720-0009 PHONE 208-334-6626 FAX 208-364-1888

August 17, 2010

Dallas Clinger, Administrator Harms Memorial Hospital P O Box 420 American Falls, ID 83211

RE: Harms Memorial Hospital, Provider #131304

Dear Mr. Clinger:

On July 29, 2010, a follow-up visit of your facility, Harms Memorial Hospital, was conducted to verify corrections of deficiencies noted during the survey of May 5, 2010.

We were able to determine that the Conditions of Participation on C240 - 42 CFR 485.627 - Organizational Structure; C270 - 42 CFR 485.635 - Provision of Services; C330 - 42 CFR 485.641 - Periodic Evaluation & QA Review are now met.

Your copy of a Post-Certification Revisit Report, Form CMS-2567B, listing deficiencies that have been corrected is enclosed.

Also enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies. A similar form listing state licensure deficiencies is also enclosed. In the spaces provided on the right side of each sheet, please provide a Plan of Correction.

An acceptable plan of correction (PoC) contains the following elements:

- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the PoC is effective in bringing the CAH

Dallas Clinger, Administrator August 17, 2010 Page 2 of 2

into compliance, and that the CAH remains in compliance with the regulatory requirements;

- The plan must include the title of the person responsible for implementing the acceptable plan of correction; and
- The administrator's signature and the date signed on page 1 of the Form CMS-2567.

After you have completed your Plan of Correction, return the original to this office by **August** 30, 2010, and keep a copy for your records.

Thank you for the courtesies extended to the surveyors during their visit. If we can be of any help to you, please call us at (208) 334-6626.

Sincerely,

PATRICK HENDRICKSON

Health Facility Surveyor

Non-Long Term Care

SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

PH/sp Enclosures

ec: Kate Mitchell, CMS Region X Office



HARMS MEMORIAL



Quality Care Close to Home

August 26, 2010

Idaho Department of Health & Welfare Bureau of Facility Standards 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0009

Re:

Resurvey completed 07/29/2010

Attached is the plan of correction for the above referenced resurvey for Harms Memorial Hospital District.

If you have questions or require additional information, please contact me and I will provide whatever I am able.

Sincerely

Dallas Clinger,

ÆÓ/Administrator

Harms Memorial Hospital District

RECEIVED

AUG 3 1 2010

FACILITY STANDARDS

PRINTED: 08/05/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIF IDENT(FICATION NUMBER: A. BUILDIN(PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		131304	B. WIN				R 9/2010
	ROVIDER OR SUPPLIER			51	EET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211	0112	ή°-
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION OATE
{C 000}	The following defici Medicare follow up Critical Access Hos Surveyors conducti were:	encies were cited during the recertification survey of your spital and the Swing bed unit. ing the recertification survey	{C 0	00}	RECEIVE AUG 3 1 2010 FACILITY STANDAR		
{C 276}	rules for the storage administration of dr rules must provide area that is administrate accepted profession accurate records and disposition of all scoutdated, mislabeles	ess Hospital Nursing Services ATIENT CARE POLICIES	{C 2	76}	C 276 485.635(a)(3)(iv) PATIENT CARE POLICIE The policy and procedure for medications has been changed the need to lock all scheduled medications in a secure area. schedule II and schedule IV in such as the Valium, Versed, I with Codeine, and Promethaz codeine, have been included it of medications kept in a doub narcotic cart at the nurses' starefrigerator now has a lock or outside of it, and a locked box for the schedule IV medication	scheduled I to includ All nedication Tylenol ine with n the grou le lock tion. The the tine in the	e s,
LABORATOR	Based on observation CAH policies, it was ensure Schedule II medications) and owithin a secure are departments (Medicaliure to ensure the secure and accounting the CAH policies.	s not met as evidenced by: ions, interviews, and review of s determined the CAH failed to and IV (controlled ther medications, were locked a and accounted for in 1 of 2 cal Surgical Unit) observed. lat medications were locked, ted for had the potential to DERSUPPLIER REPRESENTATIVE'S SIGN	NATURE	A Contract of	that is kept in it. All schedule medications are counted and a for by two RN's to verify the count as correct. This correct measure was completed on 08 and will be monitored by Alic DON to ensure future compliant.	ed accounted medicatio ive 8/25/2010 ce Taylor	l .

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

		A. BUIL	DING		COMPLETED	
	131304	B. WIN	G			R 9/2010
NAME OF PROVIDER OR SUPPLIER HARMS MEMORIAL HOSPITAL			510	T ADDRESS, CITY, STATE, ZIP CODE ROOSEVELT STREET ERICAN FALLS, ID 83211	VIII	5/2010
PREFIX (EACH DEFICIENCY ML	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
During an observation Unit, on 7/27/10 begind noted that routine med suppositories, insulin, Schedule 4 medication refrigerator at the back The refrigerator could was no log to account a locked cupboard that to near the refrigerator medications were obset - One - 4 ounce bottle codeine (a controlled Signature) - One - 4 ounce bottle codeine (a controlled Signature) - One - 4 ounce bottle codeine (a controlled Signature) - Multiple individual dos Schedule IV medication - Multiple individual dos - Multiple individual dos - Multiple individual dos - Schedule IV medication - Multiple individual dos - Multiple individual dos - Schedule IV medication - Multiple individual dos - Multiple individual d	version of medications. If of the Medical Surgical ining at 10:30 AM, it was dications, such as and Ativan (a controlled in), were stored in a k of the nursing station, not be locked and there if for and track the Ativan. In at nursing staff had access in, the following controlled erved: Of promethazine with Schedule II medication). Of Tylenol with codeine (a medication). Sees of Valium (a controlled on). Set was interviewed on 15 AM. He stated the deine and the bottle of should be stored under	{C 2*	76}			

		IDENTIFICATION NUMBER:	A. BUI		G	COMPLETED	
		131304	B. WIN	IG		07/29	₹ 0/2010
	ROVIDER OR SUPPLIER			51	EET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211	, ,,,,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{C 276}	accountability of m confirmed by the 0 11:15 AM and the 11:45 AM. The lar resulted in the CA where and how to medications. The CAH failed to	nedications. This was CAH's Pharmacist on 7/27/10 at CAH's DNS on 7/27/10 at ck of a drug storage policy H's inability to direct staff on store and account for ensure Schedule II and IV tions were locked within a	{C 2	76}			

PRINTED: 08/05/2010 FORM APPROVED **Bureau of Facility Standards** (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 8. WING 07/29/2010 131304 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 510 ROOSEVELT STREET HARMS MEMORIAL HOSPITAL AMERICAN FALLS, ID 83211 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {B 000} 16.03.14 Initial Comments {B 000} The following deficiencies were cited during the RECEIVED Medicare follow up recertification survey of your Critical Access Hospital and the Swing bed unit. Surveyors conducting the recertification survey AUG 3 1 2010 were: Patrick Hendrickson, RN, HFS, Team Leader FACILITY STANDARDS Gary Guiles, RN, HFS Acronyms used in this report include: BB149 16.03.14.250.06 30AUG2010 CAH = Critical Access Hospital Review of Policies and Procedures DNS = Director of Nursing Services LTC = Long Term Care A medical staff meeting was held on BB149 16.03.14.250.06 Review of Policies and **BB149** 08/11/2010 where the issue of standing **Procedures** orders in the hospital was discussed. 06. Review of Policies and Procedures. The The existing standing orders that have medical staff shall review and approve all policies been used in the facility were approved and procedures directly related to medical care. by the medical staff for discontinuation (10-14-88)as they were not applicable to swing bed This Rule is not met as evidenced by: patients and were for nursing home Based on observations, interviews, and review of patients. The medical staff approved a policy, it was determined the CAH failed to change to the order form for swing bed ensure that medical staff had reviewed and patients that would include a limited approved standing orders. This effected 3 of 3 swing bed patients (#1, #2, and #3) whose number of standing orders that are records were reviewed. Failure to ensure that applicable for swing bed patients. The standing orders were reviewed and approved by hospital discontinued using the previous

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

the medical staff resulted in a lack of clarity as to

1. Patient #1 was a 73-year-old female admitted

to the CAH's swing bed unit on 7/07/10. Patient

#1's record contained a physicians' standing

order, dated 7/07/10 at 7:01/PM. The order included, but was not limited to, the following:

the validity of orders. Findings include:

CEO/ADMINISTRATOR

standing orders on 08/12/2010, and will

begin using the approved swing bed

order sheet on 08/30/2010 when they

arrive from the printer. A copy of this

form will be scanned and e-mailed to the

26 AUG ZOIO

PRINTED: 08/05/2010 FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 131304 07/29/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET HARMS MEMORIAL HOSPITAL AMERICAN FALLS, ID 83211 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRÉCEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) BB149 BB149 Continued From page 1 Bureau of Facility Standards for your reference when it arrives. This Dental exam yearly and as needed corrective action will be complete upon Podiatrist exam as needed receipt of the new forms scheduled to Temporary absence permitted as condition arrive on 08/30/2010. This corrective allows, not to exceed 3 days action will be monitored by Alice Taylor Annual flu vaccine Pneumonia vaccine DON for compliance. May participate in waffle suppers and barbecue dinners Review of Patient #1's record did not document that nursing staff or the physician had screened the patient to see if she needed and was given an annual flu vaccine or the pneumonia vaccine. The record did not contain a screening as to whether Patient #1 needed a dental or a podiatrist exam. The record did not state if Patient #1 could participate in waffle suppers and barbecue dinners. This was also true for Patient #2 and Patient #3. A Registered Nurse was interviewed on 7/27/10 starting at 9:15 AM. She stated the standing orders were used for the CAH's LTC facility. She stated the orders were also used to admit patients to the CAH's Swing Bed unit. She stated the dental and podiatrist exam was not provided to swing bed patients. She stated that swing bed patients could not have temporary leave, and the annual flu and pneumonia vaccines were not provided. She also stated that swing bed patients did not participate in waffle suppers and barbecue dinners. This was also confirmed by the CAH's DNS on 7/27/10 at 9:20 AM. The CAH's Chief of Medicine was interviewed on 7/28/10 starting at 1:00 PM. He stated the standing orders had not been reviewed and approved by the CAH's Medical Staff to be used

in the CAH.

PRINTED: 08/05/2010 FORM APPROVED

07/29/2010

Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING

B. WING ___ 131304 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

HARMS	MEMORIAL HOSPITAL	510 ROOSEVELT STREET AMERICAN FALLS, ID 83211					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
BB149	Continued From page 2 The CAH failed to ensure that medical s reviewed and approved standing orders	ation)	PREFIX TAG BB149	CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE DATE		
	acility Standards						

HARMS MEMORIAL HOSPITAL DISTRICT American Falls, Idaho

POLICY AND PROCEDURE

TITLE: PHARMACY/SCHEDULED
MEDICATIONS

EFFECTIVE DATE: 08/23/2010

DEPARTMENT: FACILITY WIDE

SUPERSEDES P&P DATED: 2001

AUTHOR: ALICE TAYLOR R.N.

DATE: 07/01/2010

APPROVALS: July 8/25/0
Department Manager

Date

Administration

Date

Board of Directors

Date Medical Staff

Date

POLICY:

Scheduled medication kept at the Nurses station will be kept in appropriate storage areas with the appropriate level of security. A current and accurate record will be kept of the receipt and disposition of all scheduled drugs.

PROCEDURE:

- All scheduled medications that are at the Nurses station will be kept in a "double lock" system. Floor stock is maintained in a separately locked drawer in the medication cart.
- The licensed nurse administering scheduled medication must document each individual dose of medication, dosage administered, ordering provider, and the nurse's signature.
- All "wasted" medication must be accounted for and documented on the administration record with two licensed nurses signing the medication was wasted.
- 4. The RN supervisor is responsible for the medication cart keys. The licensed nurse must carry the keys on his/her person at all times.

- 5. The RN supervisor is responsible for maintaining an accurate count of scheduled medications by doing an inventory count of the floor stock at change-of-shift with the oncoming RN.
- 6. The narcotic record is a permanent legal record and must not be altered in any manner. Errors must not be erased or obscured. A single line shall be drawn through the erroneous information and initialed by the nurse.
- 7. All scheduled medications shall be documented in the patient record according to facility policy.



C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director

July 2, 2010

DE8BY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANOARDS 3232 Elder Street P.O. Box 83720 Boiso, Idaho 83720-0036 PHONE: (208) 334-6526 FAX: (208) 364-1888 E-mail: [sb@dhw.idaho.qoy

CERTIFIED MAIL #7003 0500 0003 1966 8718

Dallas Clinger, Administrator Harms Memorial Hospital P.O. Box 420 American Falls, 1D 83211

RE: Harms Memorial Hospital, CCN# 131304

Dear Mr. Clinger:

Based on the revisit at Harms Memorial Hospital on June 18, 2010, by our staff, we have determined that Harms Memorial Hospital continues to be out of compliance with the Medicare Conditions of Participation on C240 – 42 CFR §485.627 – Organizational Structure; C270 - 42 CFR §485.635 – Provision of Services; C330 - 42 CFR §485.641 – Periodic Evaluation & QA Review.

The deficiencies are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567). Also enclosed is your copy of a Post-Certification Revisit Report (CMS-2567B), listing deficiencies that have been corrected. A similar form describing state licensing deficiencies is also enclosed.

In our letter to you dated May 21, 2010, we stated: "failure to correct the deficiencies and achieve compliance will result in our recommending that the Centers for Medicare and Medicaid Services (CMS) Region X Office, Seattle, Washington, terminate your approval to participate in the Medicare program."

Because of your failure to correct, we have made that recommendation. CMS will be in contact with you regarding the procedures, timelines, and appeal rights associated with this recommendation that must be followed.

Sincerely,

SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

SC/nm Enclosures

....

Catherine Mitchell, CMS Region X Office Debra Ransom, R.N., R.H.I.T., Bureau Chief

Steve Millward, Administrative Assistant to Randy May

reswell

PRINTED: 07/02/2010 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					
		131304	B. WI	NG_		1	R-C 8/2010
	ROVIDER OR SUPPLIER MEMORIAL HOSPITA	\L		5	REET ADDRESS, CITY, STATE, ZIP CODE 110 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOOKS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
{C 000}	dated 5/05/10, state hospital was not in of Participation incl Organizational Stru Provision of service Periodic Evaluation Review. During this determined the CA the same 3 Conditi following deficienci up survey. Surveys were: Gary Guiles, RN, H Susan Costa, RN, The following acror report: CAH = Critical Acc CEO = Chief Exect CFR = Code of Fet CMS = Centers for Services DON = Director of Duoneb = a combin during an inhalation breathing ER = emergency round GI = gastrointesting gm = gram HIM = Health Information IDAPA = Idaho Adril IM = intramuscular IV = intravenous	67 (Statement of Deficiencies), ed it was determined the compliance with 3 Conditions uding 42 CFR Part 485.627 leture, 42 CFR Part 485.635 les, and 42 CFR Part 485.641 le and Quality Assurance is follow up survey, it was H was not in compliance with ons of Participation. The les were cited during the follow ors conducting the re-visit lefs, Team Leader HFS leture officer deral Regulations in Medicare and Medicaid leture officer deral Regulations in the survey less Hospital leture officer deral regulations in the survey less hospital leture officer deral regulations in the survey less hospital leture officer deral regulations in the survey less hospital leture officer deral regulations in the survey less hospital leture officer and medications used in treatment to treat difficulty less mation of 2 medications used in treatment to treat difficulty less mation Management mation Management ministrative Procedures Act	{C 0	00}	RECEIV JUL 19 201 FACILITY STAND	Û	(X6) DATE
PUDOLYINK	, DIVERSION OF THE PARTY	A A SALL PIEW WELKESPHININES SIGN	MIDITE		111 LL.		(10) 201 2

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CED/ADMINISTRATOR

•	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		JLTIPLE CONSTR .DING	RUCTION	(X3) DATE SURVEY COMPLETED	
		131304		G		R-C	
		131304		,		06/18	3/2010
	ROVIDER OR SUPPLIER MEMORIAL HOSPITA	L		510 ROOSEV	SS, CITY, STATE, ZIP CODE ELT STREET FALLS, ID 83211	_	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EAC	ROVIDER'S PLAN OF CORRECT H CORRECTIVE ACTION SHOU S-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{C 000}	TID = three times a X = times 485.627 ORGANIZ Organizational Stru This CONDITION Based on staff interpatient records, me files, and state hos	ement rse me nebulizer treatment day ATIONAL STRUCTURE cture s not met as evidenced by: view and review of policies, eting minutes, credentials bital licensure rules, it was	{C 0	C 240 4 ORGAN STRUC	85.627 NIZATIONAL TURE Refer to C-241 as it refailure of the Governir	lates to the	
	organizational struct 1) provide safe and 2) ensure all Condit This resulted in the systematic approact respond to identifie include: 1. Refer to C241 a Governing Body to determining, impler policies governing t 2. Refer to C-270, O Provision of Service deficiencies as they	If failed to ensure an eture was in place sufficient to effective care to patients and tions of Participation were met. Inability of the CAH to develop thes to patient care and to deproblems. The findings it relates to the failure of the assume full responsibility for menting, and monitoring the CAH's operation. Condition of Participation: es and related standard level or relate to the failure of the ensure patients received and services.		2. I	assume full responsibing determining, implement monitoring policies gothe CAH's operation. Refer to C-270 Conditoric Participation: Provision Services and related states and related states are and suppropriate care and suppropriate care and suppropriate care and suppropriation: Periodic Participation: Periodic Evaluation and Qualit	nting, and overning tion of tandard ney relate overning ts received ervices.	1

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUI	LDIN	G	R-	-c
		131304	B. WIN	1G _			3/2010
	ROVIDER OR SUPPLIER MEMORIAL HOSPITA	L	•	5	REET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211		
	011111111111111111111111111111111111111	TELEVIT OF DEFINITIONS			PROVIDER'S PLAN OF CORRECT	T1011	
(X4) ID PREFIX TAG		MARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION FFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE ORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE			
{C 240}	Continued From pa	ge 2	{C 2	40}			
	•	Condition of Participation:	(,	Assurance Review and	l related	
	Periodic Evaluation	and Quality Assurance			standard level deficien	cies as	
		standard level deficiencies as			they relate to failure or	f the	,
		e of the Governing Body to n QA program was developed			Governing Body to en	sure a data	a
	and implemented.	ii QA program was developed			driven QA program w	as	
	and implemented.				developed and implem	iented.	
	practices limited the	ect of these negative systemic e capacity of the CAH to			,		
{C 241}	485.627(a) GOVER	an adequate level or quality.	{C 2	⊿ 11			
(0 241)	RESPONSIBLE IN		₁ Ο 2	715	C 241 485.627(a)	23	TUL10
					GOVERNING BODY OR	201	
	that assumes full le	verning body or an individual gal responsibility for			RESPONSIBLE INDIVIDU	AL	
		nenting, and monitoring he CAH's total operation and			At the Board of Trustees Meet	ing held	
		ose policies are administered			on June 21, 2010, Dallas Cling	_	
	so as to provide qu	ality health care in a safe			CEO/Administrator, read through		
	environment.				of the citations that were recei		
					initial survey completed May		
					He also requested that an Open		
	This STANDARD i	s not met as evidenced by:			Committee of the Board of Tra		
		view and review of policies,			appointed to meet to be inform		
		eting minutes, credentials			progress of the survey citation	I	
		pital licensure rules, it was verning Body failed to assume			plan of correction. After the in		
		r determining, implementing,			meetings for the survey, the co	I	
		cies governing the CAH's			will then meet on a regular bas		
		k of oversight directly			informed of the operations of t	I	
		of 1 of 1 patient (#9) reviewed a provider operating under a			facility.		
		nd had the potential to impact					
	all patients seeking medical services at the CAH. The failure of the Governing Body to ensure				The Operations Committee (co	onsisting	
					of Dallas Clinger - CEO/Admi	9	
		oped and to monitor care in			Richard Wallace - Board Mem		
		licies resulted in a lack of he findings include:			Qualls - Board Member, James	- 1	
	GII COGOTI TO STATE. I	no mango molado.					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	ULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		131304	B. WING			-C
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211		8/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
{C 241}	AM. He stated the met on 5/17/10 follostated the hospital of survey report at the Form 2567). Draft meeting stated the taken place. The mreceived one serious condition of particip scopes." The minus deficiencies related Quality Assurance, had not met since in the same intervied Coordinator had met Committee individuas a whole had not CEO stated the mesurvey and before to survey report. The entities had met foll survey report to discourse to review hospital strong for the met and reviewed of identified deficiencies. 2. Idaho state licens 16.03.14.350.03 recomposed of membor Director of Pharmace	erviewed on 6/16/10 at 8:55 hospital's Board of Trustees wing the 5/05/10 survey. He did not have the recertification time of the meeting (CMS minutes of the 5/17/10 board recertification survey had sinutes stated the hospital had so citation related to "the ation on sterilization of tes did not mention the to Organizational Structure or The CEO stated the board ecciving the survey report. The CEO stated the QI set with members of the DI sally but he said the Committee met since the survey. The dical staff met shortly after the he hospital had received the CEO stated none of the above owing the receipt of the cuss the findings of the report, ystems, and to develop a plan by failed to ensure persons operation of the hospital had perations in order to correct	{C 24	Chapman, Jr Board Mem July 2, 2010. At this initial the Operations Committee, report and the plan of corresurvey completed May 5, 20 delivered to each of the men Operations. Since this meet at 7:00 a.m. the official cital resurvey had not been received at 4:52 p.m. on Friday, July the CEO reviewed with the Committee his notes from the interview. The Operations of also met again on July 13, 20 time copies of the resurvey were given to each member committee along with copies from CMS dated July 9, 200 intent to terminate effective Nanette Hiller, consultant we Hospital Association, was in attend this meeting of the OC Committee. The Committee the survey and the process of termination with Ms. Hiller Operations Committee determination with Ms. Hiller Operations Committee determination of the full Board of should be held to inform all the board of Trustees was I pm on Thursday, July 15, 20	the survey etion for the 10, was of the ing was held tions for the wed (an by the CEO 2) therefore, Operations of the committee 1010 at which etitations of the sof the letter 10, Notice of 108/03/2010. The Idaho wited to perations discussed of the The mined that a Trustees members of ations and eeting of the teld at 5:00	

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING				COMPLETED		
		131304	B. WIN	G_	-	R-	-C 8/ 2010
	ROVIDER OR SUPPLIER			51	EET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET .MERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
{C 241}	disciplines as neces policies and proceed While the hospital in Therapeutics Commonjunction with the Governing Body of pharmacist was incompleted between 1/13/10 at None of these minuin attendance. The on 6/16/10 at 10:20 part of the Pharmac Committee and did further stated he did that occurred at the oversee the use of at the hospital. He of the hospital where except for the pharmacy and The Governing Body fail had oversight of me the hospital. 3. The Governing Eeffective system to medication/prescription developed and imp The hospital had id medication/prescription de/14/10, the states and process and 6/14/10, the states and process and 6/14/10, the states and process and 6/14/10, the states are possible to medication/prescription de/14/10, the states are possible to medication de/14/10.	ssary to develop written dures for medication use. and a Pharmacy and mittee which met monthly in the Medical Staff meetings, the the hospital did not ensure a cluded on the committee. Ital Staff meeting minutes and 5/12/10 were reviewed. Ites listed the pharmacist was a pharmacist was interviewed and Therapeutics not attend the meetings. He do not review medication errors a hospital. He said he did not IV medications and solutions stated he did not review areas are medications were stored, macy. Ity failed to ensure the atted as a member of the rapeutics Committee. The led to ensure the pharmacist edications and IV solutions at edications and IV solutions at edication errors had been lemented. Body failed to ensure an identify and prevent of the follow-up survey. It of the follow-up survey. It of the follow-up survey. It of medication/prescription	{C 24	Topic and alloware	board received a full and compositive resurvey citations and the correction including all new possible Medical Staff bylaw changes. of Trustees will act to accept the policies and Medical Staff bylat changes on their monthly meet scheduled for July 26, 2010 at Nanette Hiller from the Idaho Association attended the Quality Improvement Committee meet was held on July 13, 2010. Show with us some of the Quality Improvement goals and how we make our Committee more effective meaningful, measurable attainable goals and how to make attainable goals and how to make attainable goals and how to make our committee. She also reviewed the survey results and of correction and new policies written to correct deficiencies. A new policy was written to repharmacist to attend at least que the Pharmacy and Therapeutic Committee that is held in conjugith the Medical Staff meeting see attached Policy. Additional policies were written to assure and control of distribution of pharmaceuticals, access to the discontinued/outdated drugs, I	the plan of plicies and The Board hese new aw ting 7:00 pm. Hospital ity ing which e reviewed we could ective and hake it a so d the plan that were equire equi	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		131304	B. WIN	IG _		R- 06/18	C 3/2010	
	ROVIDER OR SUPPLIER	L		5	REET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRÉCEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUTH CORRECTIVE ACTION SHOUTH APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
{C 241}	The QI Coordinator 6/16/10 at 9:45 AM actively search for 1 been developed. STechnician conduct reviews. She acknown Technician did not and had not been the errors. The Governing Body prevent medication 4. The Governing Expractice of 1 of 1 A (Staff I) with a restrict of 1 of 1 A (Staff I) with	was was interviewed on She stated a system to medication errors had not the stated the Pharmacy ted some medical record owledged the Pharmacy have a medical background rained to identify medication by failed to develop a system to errors.	{C 2	41}	competence and personnel mode. IV preparations and administrate defining and identifying medic errors and others to improve the oversight of the pharmacist of the pharmacy in our facility. Additionally, and the process of the pharmacist for our facility integral in the writing and developed these policies. Meetings with DON, the administrator, the Platter Pharmacy tech and the Director Professional Services were held, 2010 and on July 8, 2010 to the survey, the plan of correctine new policies needed and the implementation of the changes into compliance. On July 2, 2010 the CEO/Administrator, the Platter Pharmacy tech and the implementation of the changes into compliance. On July 2, 2010 the CEO/Administrator, the Platter Pharmacy tech and the implementation of the changes into compliance.	ations, cation he er the tionally, contract to help was elopment the harmacist, ector of d on July discuss on, the sto come hinistrator taff tres that the 2007 of prescribe letter was all to this explaining ribe		

approved by the Medical Staff and the Board of Trustees in 2007 and was signed by the Chief of Staff and the Administrator. Therefore, a formal written protocol was in place at the time of the survey. This letter was again reviewed with her. Since the letter is a part of her personnel record it is not attached, but a photocopy of the certified mailing is attached. The letter states in part "We will need to inform the hospital's acute Director of Nursing so that she con inform her staff of this new procedure. We anticipate the notification to read as follows: (Staff I) has not renewed her certificate to prescribe scheduled medications, therefore, when she is covering the emergency department and has a patient that requires a prescription for a scheduled drug, (Staff I) will call the backup doctor and inform him of the recommendation and then she will hand the telephone to the RN on duty for the backup doctor to make a telephone order. This procedure will take effect immediately and continue until her certificate has been renewed." On July 7, 2010 this notification was again placed in the nurse's communications notebook with a notice of "Do not remove". It was also placed on the bulletin board at the nurse's station. A copy of this

notification is attached. The DON included this reminder of current procedures in her in-service that she conducted on Thursday, July 15, 2010 with the acute nursing staff. A policy was written by Human Resources to address the issue of providers with restricted licenses. A copy of this policy is attached.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		131304	B. WIN	IG_		l	-C 3/ 2010
	ROVIDER OR SUPPLIER MEMORIAL HOSPITA	L		5	REET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211		N.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION REFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		JLD BE	(X5) COMPLETION DATE
{C 241}	morphine was adm PM and at 8:40 PM During an interview 11:15 AM, she verif and the morphine of restricted license at narcotics. The DOI unwritten arrangem nursing staff in which back up physici for narcotics orders of Patient #9, it was	inistered to Patient #9 at 8:02	{C 2	41}			
{C 270}	6/22/10 at 10:20 AN was not allowed to medications. He st obtain an order from he did not know if a had been develope. The Governing Boompractice and identification.	ly failed to define Staff I's y how nursing staff could for scheduled medications.	{C 2	70}	C 270 485.635 PROVISION OF SERVICES	S	23 July 10
	Based on review of review of medical recall to ensure accordance with writing this resulted in the	is not met as evidenced by: policies, staff interview, and ecords, it was determined the re services were provided in ritten policies and procedures. inability of the CAH to provide based on sound practices.			Refer to C-271 as it relates to a of the CAH to ensure services provided in accordance with w policies. Refer to C-276 as it relates to a of the CAH to follow establish standards of practice in the major medications.	were vritten the failure aed	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		131304	B. WIN			-C 8/2010	
	PROVIDER OR SUPPLIER	L		STREET ADDRESS, CITY, STATE, ZIP C 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211	<u>'</u>		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
{C 270}	1. Refer to C271 as it relates to the failure of the CAH to ensure services were provided in accordance with written policies. 2. Refer to C276 as it relates to the failure of the CAH to follow established standards of practice in the management of medications. The cumulative effect of these negative systemic practices limited the capacity of the CAH to furnish services of an adequate level or quality.		{C 2	(71) C 271 485.635(a)1 PATIENT CARE POLI 1. All nursing staff w about the policy re proper documentin written and verbal	CIES Tas in-serviced lated to the ag of telephone, orders on	23 July 10	
				07/15/2010 by the Nursing. All chart the end of the RN's completeness of m orders to include the name of drug, dosa and/or duration, romame of individual medication and his and name and level the individual receiped documenting the oraddition all charts a second time by the Nursing to ensure the individual receiped or and the second time by the second to the second time by the second to the second to the second to the second to the second time by the second to the second to the second time by the second to the second time by the second time by the second time to the second time by the second time to the second time by the second time to the second time by the second time the second time to the second time time time time time time time time	s are audited by s shift for edication ne date, time, age, quantity ute, frequency, prescribing the her licensure, I of licensure of iving and rder. In are audited a Director of		

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		131304	B. WIN				-C 3/ 2010
	ROVIDER OR SUPPLIER	L		5	REET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211		·.*
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{C 271}	A policy titled "Tele orders for Medicatic orders "would inclu" -Date and time the -The name of the ir and his/her licensu -The generic and b -Drug dosage -Quantity and/or du-Route drug is to be -Frequency of adm -Age and weight of -The reason the druspecific indication -Name and level of receiving and docu Staff failed to follow incomplete orders a. Patient #6's med year-old female whe 6/14/10 at 3:10 PM and back pain. The RECORD" dated 6 time of the visit, star Phenergan 50 mg cocktail is a mixturupset stomach. Us Maalox-type antaci written by Staff H, awas an order. The on the form with no did not state when given. The Torado	phone, Verbal, and Written on," dated 5/15/10, stated de the following criteria: order is prescribed individual prescribing the drug retrand name of the drug ration administered inistration the patient when appropriate. The patient was ordered for the patient is for use, as indicated licensure of the individual menting the order." It this policy and wrote including: Itical record documented a 92 or presented to the ER on and a She complained of chest is "EMERGENCY ROOM of the the died "Toradol 30 mg IM, IM, GI Cocktail po." (A Glasse of ingredients to calm and usally the major ingredient is a died.) This appeared to be a RN. It was not clear that this medications were simply listed of date or time or signature. It the medications were to be I and Promethazine were en at 3:15 PM. The Gl	{C 2	71}	documentation of telep written and verbal orde medication error Qualit Management Memo (Q incident report will be the event telephone, wr verbal orders are not do correctly and the nurse the error will receive for education and counseling. Director of Nursing. R failure on the part of nu to correctly document to written and verbal orde result in disciplinary and Medical Records direct responsible to ensure the telephone or verbal ord signed by the provider ordered them within 48 The Medical Records di generate a QMM incide for providers who fail to verbal or telephone ord 48 hours and will submo QMM to the CEO for for This corrective measure instituted by 07/23/201 be monitored by the Di Nursing, who will ensu chart audits are done, a Director of Medical rec	ers. A ty MMM) initiated in ritten and ocumented who made orther ing from the epeated orsing staff relephone, ors will be not all ers are who shours. birector will ent report to sign ers within oit the follow up. e will be 0 and will rector of ore that ond the	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		131304	B. WIN		<u> </u>	1	-C 8/2010
	PROVIDER OR SUPPLIER	L		51	EET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{C 271}	Staff H, the RN who interviewed on 6/17 she gave the medic confirmed a comple was not present in stated the NP rushe Patient #6, and rush stated she did not k was regarding comb. Patient #7's med year-old female who 6/12/10 at 5:17 PM breathing. The "EFDOCUMENTATION a NP, and dated 6/"bad" upper respiration obstructive she "can't talk for phreath." The form stated Pachronic obstructive she "can't talk for phreath." The form swas not noted as all who examined Patiewas not noted. The given was not docustate if the drug she immediately or if it of Duoneb was docum PM, 2 hours and 23 arrived at the ER. The pharmacist was 10:20 AM. He revier record and stated the order and administic constituted a medic c. Patient #7 returned.	cared for Patient #6, was /10 at 10:10 AM. She stated rations to Patient #6. She rete order for the medications he medical record. She red up from the clinic, saw red back to the clinic. Staff How what the hospital's policy polete medical orders. Ical record documented a 62 presented to the ER on She complained of difficulty PROVIDER ORDER AND RECORD", written by Staff J. 12/10, stated Patient #7 had tory symptoms for 4 days. The time it was written by Staff J. 12/10, stated Patient #7 had reinds because can't catch rated "Duoneb svn-tx." This is norder by Nurse K, the RN rent #7. The time it was written a number of ampules to be mented. The form did not rould be administered rould be postponed. The rented as administered at 7:40 minutes after Patient #7. Is interviewed on 6/16/10 at rewed Patient #7's medical refailure to write a complete er Duoneb in a timely manner.	{C 2	71}	will ensure that verbal of signed, for compliance. 2. All providers for HMHI educated regarding the redocument and/or dictate examinations of patients time of service by the Compliance of the property of the Medical Staff meeting head of the property of the property of the examination at the time. In the event the examination at the time in the event the examination of the property of the property of the event the examination of the property of the event the examination of the property of the event the examination and contour medical staff regarding the examination at the time. Repeated failure to complete the property of the event the examination of the time. Repeated failure to complete the property of the event the examination. The corrective action will be completed by 07/23/201 CEO will be responsible compliance with this corrective with this corrective the event the event the examination. The corrective action will be completed by 07/23/201 CEO will be responsible compliance with this corrective will be reviewing Quality of the event that the event the examination of the event the examination at the time.	D were need to es at the EO at the leld be audited director coviders of their of service ation is no ll be to the (CEO) will provide ounseling at the leto fervice ply with will result this es to ensure rective	t

		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
				"			R-	-C
		and the same of th	131304	B. WII	VG		06/18	3/2010
		ROVIDER OR SUPPLIER MEMORIAL HOSPITA	L		51	EET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211		, 5 *
P	X4) ID REFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{C	: 271}	cough. The "EMER stated Patient #7 repills" at 3:15 PM. A was not documented. The pharmacist wa 10:20 AM. He revier record and confirmed order. d. Patient #5, an 88 an OP on 6/14/10 apain. A verbal order by Patient #5's physician. A verbal order was untimed, physician. In an interview with 10:10 AM, she confirmed incomplete. e. Patient #9, a 58 the ER on 6/11/10 areported she had seleg. An entry by St PROVIDER ORDE RECORD" was uncompleted or signal record also docume administered, althout fluids. An interview with the completed on 6/16/Patient #9's medical	RGENCY ROOM RECORD" exceived "Prednisone 40 mg 2 on order for the Prednisone ed in the medical record. Is interviewed on 6/16/10 at ewed Patient #7's medical ed the lack of a medication Is year-old female was seen as at 11:53 AM, for left leg and hip er was given to Staff H, a RN, sician for Decadron (a steroid), ti-inflammatory). The verbal and was not signed by the Staff H, the RN, on 6/17/10 at firmed Patient #5's orders Year-old female was brought to after a fall from a horse. She evere pain in her right upper aff I, a NP, on the "ER R AND DOCUMENTATION dated and untimed. It read iff J, another NP] approved." Tature by Staff J. Patient #9's ented IV fluids had been ugh there was no order for the example of the indicated since complete it would be	{C 2	71}	and following up on the appropriate. 3. All nursing staff was in about the need to monit patients who receive make in the Emergency or Ou Departments for 15 min the requirement to obtain vital signs following the administration of the make to monitor for possible effects of the medication of the make to ensure compliance with minimum of 15 minutes obtaining repeat vital site following the administration. In addition will be audited by the Environments will be medication. Emergency/Outpatient Departments will be medication. Emergency/Outpatient Departments will be medication of the make and that repeat vital signal done. A QMM incident will be generated for all where it is determined to patients receiving medications.	-serviced for all edication atpatient nutes, and in repeat edication side n. All charts will urse's shift of a s, and gns, ation of a, all charts Director of all patients in the edication, as are t report l instances that	

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI		CONSTRUCTION	COMPLE	TED
		131304	B. WIN	IG		1	-C 3/2010
	PROVIDER OR SUPPLIER			510 F	r address, city, state, zip code Roosevelt street Rican falls, id 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
{C 271}	f. Patient #12, a 16 on 6/13/10 at 7:50 pain. The record s Staff I, a NP. The DOCUMENTATIO "Amoxicillin 1 gm I dated, timed, or sighten urse or the promedication was done in an interview on reviewed the record the documentation. In an interview on pharmacist review order. He stated s signed or timed, it medication error. g. Patient #15, a 1 ER on 6/16/10 with The "ER PROVIDID DOCUMENTATIO order from Staff I, untimed, for "Azith give 5 ml, then dis instructions to take In an interview on reviewed the record nurse was responsives complete, while date on the orders for Patient #15 documents. She states	S year-old male came to the ER PM with severe sore throat stated he was evaluated by "ER PROVIDER ORDER AND IN RECORD" stated PO now." The order was not gned. It was not clear whether ractitioner had written the order. noted by a nurse, although the ocumented as given at 8:05 PM. 6/17/10 at 11:15 AM, the DON or of Patient #12 and confirmed in the order was not dated, would be considered a 2 year-old male came to the occumplaints of a sore throat.	{C 2	71}	the Emergency/Outpate Departments were not for a minimum of 15 mand/or repeat vital sign done. The Director of will provide further excounseling to staff which the monitoring of pating minutes. Repeated fat part of the nursing state correctly monitor pating result in disciplinary as corrective measure with instituted on 07/23/20 be monitored by the Envirsing for compliant auditing of 100% of contract of the nursing staff was in regarding the need to read back process to provide miscommunication on by the Director of Nursing staff will document of the policy "Verbal and Worders, General" has updated to include how nursing staff will document of the policy for the policy to the pol	monitored minutes as were not Nursing ducation and o fail to do ents for 15 dure on the ff to ents will action. This ll be 10 and will birector of the by the harts. In-serviced utilize the prevent a 07/15/2010 resing. The ritten been we the ament the left charts will nurse's shift of staff with the read back.	

A. BUILDING B. WING NAME OF PROVIDER OR SUPPLIER HARMS MEMORIAL HOSPITAL A. BUILDING R-C 06/18/20' STREET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211		CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
NAME OF PROVIDER OR SUPPLIER HARMS MEMORIAL HOSPITAL STREET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET				A. BUI	LDING	G	R	-C
HARMS MEMORIAL HOSPITAL			131304	B, WIN	NG		1	
			L.		51	10 ROOSEVELT STREET		ي.
	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	(X5) COMPLETION DATE
h. Patient #14, a 42 year-old female, came to the ER on 6/15/10, with a complaint of right sided headache for 2 hours. The "ER PROVIDER ORDER AND DOCUMENTATION RECORD" had an order from Staff I, a NP, that was undated and untimed, for "Flexerii 10 mg X 2 tabs to take home." In an interview on 6/16/10 at 10:30 AM, the pharmacist reviewed Patient #14's medication order. He stated the since the order was not dated or timed, it would be considered a medication error. In an interview on 6/17/10 at 11:15 AM, the DON reviewed the record and confirmed the medication order entry for Patient #14. The DON stated the nurse was responsible for ensuring the record was complete, which would include the time and date on the orders. The DON stated the problem of complete documentation has been an ongoing problem with both the providers and nursing staff. The DON said the policy of the CAH was to minimize verbal orders when the provider was available and present. The hospital failed to ensure complete orders were written and signed. 2. Practitioners failed to document examinations of patients in accordance with written policy. Examples include: a. Patient #6's medical record documented a 92 year-old female who presented to the ER on 6/14/10 at 3:10 PM. She complained of chest and back pain. The "EMERGENCY ROOM RECORD," stated Patient #8 received Toradd 30	hEhCau" lippodn limnsritiponOFTv 20E ay6a	h. Patient #14, a 42 ER on 6/15/10, with headache for 2 hou ORDER AND DOC an order from Staff untimed, for "Flexe "dispense Flexeril 1" In an interview on 6 pharmacist reviewed order. He stated the dated or timed, it with medication error. In an interview on 6 reviewed the record medication order elected the nurse was record was completime and date on the problem of completime and date on the problem of completime and date on the problem of completime and staff. The ICAH was to minimi provider was available. The hospital failed were written and significant failed	2 year-old female, came to the a complaint of right sided ors. The "ER PROVIDER UMENTATION RECORD" had I, a NP, that was undated and ril 10 mg PO Now," and 10 mg X 2 tabs to take home." 3/16/10 at 10:30 AM, the ed Patient #14's medication are since the order was not rould be considered a 3/17/10 at 11:15 AM, the DON and confirmed the entry for Patient #14. The DON as responsible for ensuring the te, which would include the entry for Patient #14. The DON as responsible for ensuring the te, which would include the entry for Patient #14. The DON as responsible for ensuring the te, which would include the entry for Patient #14. The DON as responsible for ensuring the te, which would include the entry for Patient #14. The DON as responsible for ensuring the te documentation has been an entry for Patient #14. The DON and the policy of the entry for Patient #14. The DON as responsible for ensuring the te documentation has been an entry for Patient #14. The DON and the policy of the entry for Patient #14. The DON are responsible for ensuring the te documentation has been an entry for Patient #14. The DON are responsible for ensuring the te documentation has been an entry for Patient #14. The DON are responsible for ensuring the te, which would include the entry for Patient #14. The DON are responsible for ensuring the te, which would include the entry for Patient #14. The DON are responsible for ensuring the te, which would include the entry for Patient #14. The DON are responsible for ensuring the entry for Patient #14. The DON are responsible for ensuring the te, which would include the entry for Patient #14. The DON are responsible for ensuring the entry for Patient #14. The DON are responsible for ensuring the entry for Patient #14. The DON are responsible for ensuring the entry for Patient #14. The DON are responsible for ensuring the entry for Patient #14. The DON are responsible for ensuring the entry for Patient #14. The DON are responsible for ensuring the entry for Patient #14. The DON are responsible for e	{C 2	71}	addition all charts will by the Director of Nurs ensure staff members a complying with the pol back telephone or verba prevent miscommunicathe event the read back not documented, a QM report will be generated Director of Nursing will further education and conto the nurse who failed the procedure. Repeate follow the procedure will instituted on 07/23/201 be monitored by the Director of Nursing for compliance	be audited ing to re icy to read al orders to tion. In process is M incident I and the Il provide ounseling to follow a failure to ill result in is be 0 and will rector of e by	

NAME OF PROVIDER OR SUPPLIER HARMS MEMORIAL HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES AMERICAN FALLS, ID 83211 SUMMARY STATEMENT OF DEFICIENCIES AMERICAN FALLS, ID 83211 SUMMARY STATEMENT OF DEFICIENCIES AMERICAN FALLS, ID 83211 PREFIX TAG Continued From page 13 mg and Promethazine 50 mg by injection at 3:15 PM. The record stated she received a "GI Cocktail" at 3:30 PM. The "EMERGENCY ROOM RECORD" Stated Patient #6 was examined by Staff J. a NP, but did not state a time. Documentation of the examination by the NP was not present in the medical record. She stated the NP who examined Patient #6 and or dictated an examination note. b. Patient #7's medical record documented a 62 year-old female who presented to the ER on 6/14/10 at 24-7F MC complaint of shortness of breath and cough. The "EMERGENCY ROOM RECORD" stated a nexamination by the provider "Prednisone 40 mg 2 pills" at 3:15 PM. The "EMERGENCY ROOM RECORD" stated a "provider" examined Patient #7 as 3:05 PM. Documentation of the examination by the provider was not present in the medical record as of 6/17/10 at 1:1:00 AM. She reviewed on 6/17/10 at 1:1:00 AM. She reviewed on 6/17/10 at 1:00 AM. She reviewed Patient #7 is medical record. She stated Staff J, the NP who examined Patient #7 is medical record. She stated Staff J, the NP who examined Patient #7 is medical record. She stated Staff J, the NP who examined Patient #7 is medical record. She stated Staff J, the NP who examined Patient #7 is medical record. She stated Staff J, the NP who examined Patient #7 is medical record. She stated Staff J, the NP who examined record should be provider was not present in the medical record as of 6/17/10 at 1:100 AM. She reviewed Patient #7 is medical record as of 6/17/10 at 1:100 AM. She reviewed Patient #7 is medical record as of 6/17/10 at 1:100 AM. She reviewed Patient #7 is medical record as of 6/17/10 at 1:100 AM. She reviewed Patient #7 is medical record as of 6/17/10 at 7:50 PM, with severe sore throat pain. The "ERP RPOWDIER ROBER NND DOCUMENTATION RE		F CORRECTION	IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	COMPLE	
NAME OF PROVIDER OR SUPPLIER HARMS MEMORIAL HOSPITAL (M.) D (M.) D (SEACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (C. 271) CONTINUED From page 13 mg and Promethazine 50 mg by injection at 3:15 PM. The record stated she received a "GI Cocktair" at 3:30 PM. The "EMERGENCY ROOM RECORD" stated Patient #6 was discharged at 4:30 PM. The "EMERGENCY ROOM RECORD" stated three. Described in the examination by the NP was not present in the medical record as of 6/17/10. The HIM Director was interviewed on 6/17/10 at 11:00 AM. She reviewed Patient #6's medical record. She stated the NP who examined Patient #6's medical record and Patient #6's medical record. She stated hen Purple of She patient #6's medical record and patient #6's medical record. She stated hen Purple of She patient #6's medical record and patient #6's medical record and patient #6's medical record. She stated hen Purple of She patient #6's medical record and patient #7's medical record documented a 62 year-old female who presented to the ER on 6/14/14 at 2:47 PM complaining of shortness of breath and cough. The "EMERGENCY ROOM RECORD" stated a "provider" examined Patient #7 received "Prednisone 40 mg 2 pilis" at 3:15 PM. The "EMERGENCY ROOM RECORD" stated a "provider" examined patient #7 received "Prednisone 40 mg 2 pilis" at 3:15 PM. The "EMERGENCY ROOM RECORD" stated a "provider" examined Patient #7 s medical record as of 6/17/10. The HIM Director was interviewed on 6/17/10 at 11:00 AM. She reviewed Patient #7's medical record. She stated Staff J, the NP who examined Patient #7, had not dictated an examination note. c. Patient #12 was a 16 year-old male who came to the ER on 6/13/10 at 7:50 PM, with severe sore throat pain. The "ER PROVIDER ORDER AND DOCUMENTATION RECORD" dated 6/13/10,			131304	B. WIN	IG _		1	
Cach Deficiency Must be PRECEDED by FULL TAG CROSS-REFERENCED TO THE APPROPRIATE CONSTRUCTION CONSTRUCT				į	5	510 ROOSEVELT STREET		
mg and Promethazine 50 mg by injection at 3:15 PM. The record stated she received a "GI Cocktail" at 3:30 PM. The "EMERGENCY ROOM RECORD" stated Patient #6 was discharged at 4:30 PM. The "EMERGENCY ROOM RECORD" stated Patient #6 was examined by Staff J, a NP, but did not state a time. Documentation of the examination by the NP was not present in the medical record as of 6/17/10. The HIM Director was interviewed on 6/17/10 at 11:00 AM. She reviewed Patient #6's medical record. She stated the NP who examined Patient #6 had not dictated an examination note. b. Patient #7's medical record documented a 62 year-old female who presented to the ER on 6/14/10 at 2:47 PM complaining of shortness of breath and cough. The "EMERGENCY ROOM RECORD" stated Patient #7 received "Prednisone 40 mg 2 pills" at 3:15 PM. The "EMERGENCY ROOM RECORD" stated a "provider" examined Patient #7 at 3:05 PM. Documentation of the examination by the provider was not present in the medical record as of 6/17/10. The HIM Director was interviewed on 6/17/10 at 11:00 AM. She reviewed Patient #7's medical record. She stated Staff J, the NP who examined Patient #7's medical record. She stated Staff J, the NP who examined Patient #7's medical record. The HIM Director was interviewed on 6/17/10 at 11:00 AM. She reviewed Patient #7's medical record. The had so the ER on 6/13/10 at 7:50 PM, with severe sore throat pain. The "ER PROVIDER ORDER AND DOCUMENTATION RECORD" did not contain notes or a provider signature, although the "EMERGENCY ROOM ECORD" did not contain notes or a provider signature, although the "EMERGENCY ROOM ECORD" did to contain notes or a provider signature, although the "EMERGENCY ROOM ECORD" did not contain notes or a provider signature, although the "EMERGENCY ROOM ECORD" did to contain notes or a provider signature, although the "EMERGENCY ROOM ECORD" did not contain notes or a provider signature, although the "EMERGENCY ROOM ECORD" did not contain notes or a provider signature, although the "EMERGENCY ROOM ECORD" did not contain	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	COMPLETION
	{C 271}	mg and Prometha PM. The record's Cocktail" at 3:30 PRECORD" stated 4:30 PM. The "EM stated Patient #6 to but did not state a examination by the medical record as The HIM Director's 11:00 AM. She rerecord. She state #6 had not dictate b. Patient #7's me year-old female with 6/14/10 at 2:47 PM breath and cough. RECORD" stated "Prednisone 40 m" "EMERGENCY RO" "provider" examined Documentation of was not present in 6/17/10. The HIM Director's 11:00 AM. She rerecord. She state Patient #7, had no c. Patient #12 was to the ER on 6/13/throat pain. The "DOCUMENTATIC notes or a provide "EMERGENCY RO" EMERGENCY RO" EMERG	zine 50 mg by injection at 3:15 tated she received a "GI M. The "EMERGENCY ROOM Patient #6 was discharged at MERGENCY ROOM RECORD" was examined by Staff J, a NP, time. Documentation of the e NP was not present in the of 6/17/10. was interviewed on 6/17/10 at viewed Patient #6's medical d the NP who examined Patient d an examination note. dical record documented a 62 ho presented to the ER on M complaining of shortness of The "EMERGENCY ROOM Patient #7 received g 2 pills" at 3:15 PM. The DOM RECORD" stated a ed Patient #7 at 3:05 PM. the examination by the provider the medical record as of was interviewed on 6/17/10 at viewed Patient #7's medical d Staff J, the NP who examined t dictated an examination note. a 16 year-old male who came 10 at 7:50 PM, with severe sore ER PROVIDER ORDER AND N RECORD" did not contain r signature, although the DOM RECORD" dated 6/13/10,	{C 2	71}			

	1 OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION G	COMPLE	
		131304	B. WIN				-C
	PROVIDER OR SUPPLIER			5′	EET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211	06/18	8/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{C 271}	at 7:56 PM to asset In an interview on 6 reviewed the record had no evidence of Staff I. d. Patient #14 was came to the ER on right sided headach PROVIDER ORDE RECORD," undated entry of assessmer "Muscle tension he TID PRN." Documente NP had examined dictated a note of home of the NP had examined dictated a note of documented. The dictated notes for Elevidence a note had practitioners did not patients. 3. The CAH failed to monitoring and a The policy "Medica 5/15/10, stated all printed the outpatient de 15 minutes following medication to checipolicy did not referemente rule. Patient	Ses Patient #12. 6/17/10 at 11:15 AM, the DON d and confirmed Patient #12 dictation or written notes by a 42 year-old female who 6/15/10 with a complaint of the for 2 hours. The "ER R AND DOCUMENTATION d and untimed, had a note that by Staff I, a NP. It stated adache, plan: Flexeril 10 one, entation was not present that the Patient #14 or that she had the examination. 6/17/10 at 11:15 AM, the DON d. She confirmed an the NP's findings was not DON stated Staff I often ER visits, but said there was no	{C 2	71}			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
			B. WII			1	-C
	<u> </u>	131304	D. 7711	-		06/1	8/ <u>2010</u>
	PROVIDER OR SUPPLIER MEMORIAL HOSPITA	.L 		5	REET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOTH CORRECTIVE ACTION SHOTH CROSS-REFERENCED TO THE APPROPRIES OF THE APPROPRIES	ULD BE	(X5) COMPLETION DATE
{C 271}	Continued From pa	nge 15	{C 2	71}			
	received daily antible (an infection involving 6/13/10 Patient #1's Invanz (both antible The record indicate at 8:40 AM, and Pa 8:50 AM, which was completed. In an interview on 6 B, a RN, she confir discharged 10 minus completed. She strinfused over 30 minus receiving the medical forms.	66 year-old male, who diotic therapy for osteomyelitis ing the bone) in his heel. On is infusion of Cubicin and otics) was started at 8:10 AM. It is dient #1 was discharged at is 10 minutes after the infusion of Male at the infusion of Male at the infusion of Male at the infusion of Patient #1 was attent #1 was attent #1 was attent the infusion for Patient #1 mutes, and as he had been cation on a daily basis, she felt ed the 15 minute evaluation.					
	antibiotic therapy for On 6/11/10, Patien started at 5:15 PM. of the time the infu-	year-old male received daily or a salivary gland infection. t #2's infusion of Invanz was There was no documentation sion was completed. The nt #2 was discharged at 5:45					
	B, a RN, she confir when the antibiotic the medication for minutes, and as he	6/16/10 at 11:00 AM with Staff med she did not document was completed. She stated Patient #2 infused over 30 had been receiving the hilly basis, she felt he no longer nute evaluation.					
	infusion of Invanz v	#2's medical record stated the was completed at 5:30 PM, and at 5:35 PM, 5 minutes after ompleted.					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
		131304	B. Wil	٧G		1	-C 8/ 2010
	ROVIDER OR SUPPLIER	\L			REET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{C 271}	In an interview on 6 B, the RN, she stat receiving the medic felt he no longer re evaluation. The CAH staff faile received medication in the medication at 4. The policy "Verb General," not dated Verbal and Written dated, stated nursin back process and rentirety to the presimiscommunication how nursing staff wheak process. Nursing staff did no process for verbal at the state of the process.	6/16/10 at 11:00 AM with Staff ed Patient #2 had been cation on a daily basis, and she quired the 15 minute d to monitor patients that had ns, for 15 minutes as required dministration policy. al and Written Orders, d, and the policy "Telephone, Orders for Medication," not ng staff would utilize the read repeat the orders in their cribing practitioners to prevent. The policies did not specify were to document this read of the document a read back and orders, resulting in which were not accurately	{C 2	71}			
	a. Patient #6's med year-old female wh 6/14/10 at 3:10 PM and back pain. The AND DOCUMENT, 6/14/10, not timed mg IM, Phenergan GI cocktail is a mix upset stomach. Us Maalox-type antaci nurse. The docum	lical record documented a 92 to presented to the ER on She complained of chest to "ER PROVIDER ORDER ATION RECORD," dated or dated, stated "Toradol 30 50 mg IM, GI Cocktail po." (A ture of ingredients to calm an ually the major ingredient is a d.) This was written by the entation did not state the ad back to the prescribing					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	NG	(X3) DATE S	ETED
		131304	B. WING			R-C 8/2010
	ROVIDER ÖR SUPPLIER	AL		REET ADDRESS, CITY, STATE, ZIP COD 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
{C 271}	year-old female whoutpatient. There on a Harms Memor for "Valium, 7 mg, not indicate it was physician. c. Patient #5's medyear-old female the 6/14/10 at 11:53 A verbal order was well Decadron (a stero anti-inflammatory) indicate it was read physician. d. Patient #15's medyear-old male that with complaints of PROVIDER ORDERECORD," had as a NP, that was und "Azithromycin 200/dispense remainded take 2.5 ml every corder did not indicate the corder did not indicate the corder did not indicate the hospital had not defining how nurse back process for vishe said there was been read back to She also stated nurse.	dical record documented a 56 no was seen on 6/14/10 as an was a telephone order written will all Hospital prescription pad IM". The telephone order did read back to the prescribing dical record documented an 88 at was seen as an outpatient on M for left leg and hip pain. A written by Staff H, a RN, for id), and Toradol (an The verbal order did not did back to the prescribing dedical record documented a 12 came to the ER on 6/16/10 a sore throat. The "ER ER AND DOCUMENTATION verbal order entry from Staff I, dated and untimed, for 1/5 mI-PO Now, give 5 mI, then er of bottle with instructions to day X 4 days." The verbal ate it was read back to the fan. The Nurse on duty, was 4/10 at 8:30 AM. She stated on developed a procedure as would document the read erbal and telephone orders. In son way to tell if orders had the prescribing practitioner. In see had the capability to	{C 271			
	Tecora telephone C	orders from certain telephones.				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL		PLE CONSTRUCTION	(X3) DATE S	
		131304	B. WIN				R-C 18/2010
	PROVIDER OR SUPPLIER	L	, L.,	51	REET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211		, ·
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	. 1	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
{C 271}	when or how to use A system had not b	as no policy directing staff	{C 27	71}			
{C 276}	i	ATIENT CARE POLICIES e the following:]	{C 27	76}	C 276 485.635(a)(3)(iv) PATIENT CARE POLICIES		23JULY10
	administration of dr rules must provide area that is adminis accepted profession accurate records ar disposition of all sol	e, handling, dispensation, and rugs and biologicals. These that there is a drug storage stered in accordance with nal principles, that current and re kept of the receipt and heduled drugs, and that ed, or otherwise unusable able for patient use.			1. The policy and procedu Medication errors has be updated jointly by phar nursing to include a def what constitutes a medi error. The policy also of the means that the facil employ to monitor for medication errors, (pleat to policy "Medication I	macy and finition of ication contains ity will	1
	Based on staff inter records and hospital the CAH failed to en handling, and admit developed and implete on ensure the pharm medication policies affected the care of #7, #9, #12, #14, ar records were review affect all patients at medications. This real CAH to accurately patients. The finding	s not met as evidenced by: view and review of medical al policies, it was determined insure rules for the storage, inistration of drugs were lemented. The CAH also failed inacist maintained oversight of and drug storage areas. This is of 15 patients (#4, #5, #6, ind #15) whose medical wed and had the potential to the CAH who received resulted in the inability of the provide medications to higs include: es were insufficient to prevent			attached). By following policy the facility will be find medication errors a provide education and of for staff committing errors better prevent them in the All nursing and pharmat was in-serviced regarding policy, and the need to QMM incident report will discovering a medication on 07/15/2010 by the Discovering. This corrective will be completed by 07	g the be able to and counseling to the future generate when on error, director of the action	a fi

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A, BUILI	ILTIPLE CONSTRUCTION DING	(X3) DATE SU COMPLE	
					R	-C
		131304	B. WING	<u> </u>	06/18	8/2010
	ROVIDER OR SUPPLIER MEMORIAL HOSPITA	L	\$	STREET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211		, ·
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
{C 276}	medication errors. errors were identified between 6/11/10 ar not identified by CA a. Patient #6's med year old female who 6/14/10 at 3:10 PM and back pain. The RECORD" stated Pmg and Promethaz PM. The record state Cocktail" at 3:30 PM written by the nurse ORDER AND DOC dated 6/14/10. The listed on the form, individual who wrote the date and time it did not contain informedications were to repeated. Staff H, the RN who interviewed on 6:17 she gave the medic confirmed an order present in the medit the NP who examinate clinic. Staff H state hospital's policy state medical orders. The pharmacist was 10:20 AM. He reviewed and stated the record and stated	Nine medication/prescription and by surveyors that occurred and 6/17/10. These errors had H staff. The errors included: ical record documented a 92 presented to the ER on She complained of chest e "EMERGENCY ROOM atient #6 received Toradol 30 ine 50 mg by injection at 3:15 ated she received a "GIM. These 3 medications were on an "ER PROVIDER UMENTATION RECORD," medications were simply The name/signature of the errorder was missing, as was was written. The document mation related to when these or be given or if they could be occared for Patient #6, was 1/10 at 10:10 AM. She stated ations to Patient #6. She for the medications was not cal record. She stated Staff J, ed the patient, rushed up from ent #6, and rushed back to the dishe did not know what the ted regarding complete.	{C 27	and the Director of Nobe responsible to ensure continued compliance ensuring that chart authour chart checks and and nursing MAR recontinues as per the positive of North Pharmacy Review of meeting will be held a with the Director of North Pharmacist, Pharmacy Technician and compositive in attendance, medication errors will reviewed by the pharmacy log of medication error and the medication error and the committing the error of identified. Using the medication errors, the review committee can education that may need to measure the pharmacy of the pharmacy medication errors. The Pharmacist will attend staff meetings at least as part of the pharmacy therapeutics committee.	dits, 24 pharmacy onciliation olicy. committee nonthly fursing, diance All be nacist. A ors will be tifying e type of the person can be log of pharmacy identify ed to be vidual staff edication ent future e medical quarterly y and	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, .		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUII	LDIN	· · · · · · · · · · · · · · · · · · ·	P	-C
	_	131304	B, WIN	IG			3/2010
	ROVIDER OR SUPPLIER MEMORIAL HOSPITA	L		5	REET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211		:**
040.15	CIMMADV CTA	TEMENT OF DEFICIENCIES		-	PROVIDER'S PLAN OF CORREC	TION	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRÉCEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{C 276}	·	ge 20 sistered medications to Patient	{C 2	76}	significant medication This corrective action v completed by 07/23/20	will be	;
	#0 Williout Olders.				Pharmacist will be resp	onsible to	
	b. Patient #7's med	ical record documented a 62			ensure continued comp		\ \ \
		o presented to the ER on			being responsible for se		
		. She complained of difficulty			the pharmacy review co	_	ļ
		R PROVIDER ORDER AND RECORD," written by the NP			meeting and reviewing		
	and dated 6/12/10,	stated Patient #7 had "bad" ymptoms for 4 days. The form			medication error QMM		
		ad a history of chronic			3. A system has been dev	eloped to	ļ
	obstructive pulmon	ary disease and said she			check for outdated med	•	
		ds because can't catch			on the nursing unit. Bo		, l
		stated "Duoneb svn-tx." What clear. This was not noted as			staff and pharmacy staff	•	•
		se. The time it was written			check all areas of medi		
		e number of doses to be given			storage on the nursing		
	was not documente	ed. The route was not		Ì	outdates on a routine ba		
		form did not state if the drug			policy for medication	2515. 1110	
	I .	ered immediately or if it could			management has been	undated to	
	be postponed.				reflect the role of the pl	-	
	The inhalation treat	ment with Duoneb was			and the nursing staff, (-	
	administered at 7:4	0 PM on 6/12/10, according to			refer to policy "Medica		
		son for the 2 hour and 23					
	minute delay was n	ot documented.			Management", attached		
	Staff B the nurse o	n duty when Patient #7 was			corrective action will b		1
		vas interviewed on 6/16/10 at			completed by 07/23/20		;
	11:20 AM. She sta	ted she did not see the order			Director of Nursing wil		
		ne stated if she had seen the			responsible to ensure co		
	j	ve administered it in a timely			compliance by reviewing	~	
	manner.			ĺ	medication managemen		
	The pharmacist wa	s interviewed on 6/16/10 at			submitted monthly by t		5
		ewed Patient #7's medical			staff, and by doing rand		
		he failure to write a complete er Duoneb in a timely manner			checks of medication stareas for outdated medi	_	

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, .	IULTIPLE CONSTRUCTION ILDING	(X3) DATE SU COMPLE	
		131304	B. WIN	4G	ı	-C 8/2010
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211		· ·
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		N SHOULD BE	(X5) COMPLETION DATE
{C 276}	constituted a media. c. A separate med #7 returned to the complaining of shot The "EMERGENC" Patient #7 received 3:15 PM. An order documented in the The pharmacist was 10:20 AM. He revirecord and confirm The hospital failed were written and far Patient #7 in a time d. Patient #4, a 56 6/14/10 as an outporder written by an Hospital prescription. The outpatient received Valium 7 medical record did reason for the order instructions to the Patient #4 following A policy titled "TEL WRITTEN ORDER 5/15/10 included the "Date and time the The reason the dreate the T	lical record documented Patient ER on 6/14/10 at 2:47 PM ortness of breath and cough. Y ROOM RECORD" stated do "Prednisone 40 mg 2 pills" at r for the Prednisone was not emedical record. The session of the emedical record of the medical record. The session of the emedication error. The emale was seen on the emale was seen on the emale was a telephone of the e	{C 27		e that the e a member of Therapeutics e refer to policy erapeutics ed) and will ff meetings at formally the medical al. This policy ed by ill be CEO to ensure as instituted a tency ing for nursing king and V medications. written to g of IV se refer to luids with ions, dministration, olicy has been the the eses to mix and lications and	

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUII	LDING	<u> </u>	R-	
		131304	B. WIN	IG		1	3/2010
	PROVIDER OR SUPPLIER	L		51	EET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211		۵۰.
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{C 276}	e. Patient #5, an 88 an outpatient on 6/1 and hip pain. A ver a RN, by Patient #5 Toradol. The verbatimed, and was not in an interview on 6 pharmacist reviewed He stated since the signed, it was a me f. Patient #9 was a the ER on 6/11/10 upper leg after falling on the "ER PROVID DOCUMENTATION undated, untimed a mg X 2," followed be and the word "appralso documented in administered, although IV fluids. In an interview on 6 pharmacist reviewed order. He stated since signed or timed, it was a me for the stated since the stated si	is year-old female was seen as 14/10 at 11:53 AM for left leg bal order was given to Staff H, i's physician for Decadron and all order was not dated or signed by the physician. 1/16/10 at 10:30 AM, the id Patient #5's medical record. order was not dated, timed, or dication error. 58 year-old female, brought to with severe pain in her righting from a horse. An entry was DER ORDER AND IN RECORD," that was and unsigned. It read "MS 4 by the name of Staff J, a NP, oved." Patient #9's record	{C 2	76}	titled "IV Competence Personnel Monitoring" attached). An area of tunit has been designate preparation of IV medilaminar hood has been and will be installed in designated area upon it Competency training w for nursing staff on 07/by the pharmacist, and policies and training w completed by 07/23/20 pharmacist will be respensure continued compwith these corrective as	the nursing ed for the cations. A ordered the sarrival. was done (08/2010 all ill be oonsible to bliance	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
		131304	B. Wil	۱G _		1	-C 8/2010
	PROVIDER OR SUPPLIER	L	Ja	؛	REET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION OATE
{C 276}	reviewed the record the documentation confirmed the orde In an interview on 6 pharmacist reviewed order. He stated si signed or timed, it with headache for 2 hou ORDER AND DOC had an order entry undated and untime Now," and "dispensitake home." In an interview on 6 pharmacist reviewed order. He stated the dated or timed, it with the interview order entry from Stand untimed, for "A give 5 ml, then dispinistructions to take The record documents assessment and spin an interview on 6 pharmacist reviewed record. He stated in the stated in the record documents assessment and spin an interview on 6 pharmacist reviewed record. He stated in the record documents assessment and spin an interview on 6 pharmacist reviewed record. He stated in the record documents assessment and spin an interview on 6 pharmacist reviewed record. He stated in the record documents are spin an interview on 6 pharmacist reviewed record. He stated in the record documents are spin and the stated in the record documents are spin and the stated in the record documents are spin and the stated in the record documents are spin and the stated in the record documents are spin and the stated in the record documents are spin and the record documents are	d of Patient #12 and confirmed of medication given. She was not complete. 6/16/10 at 10:30 AM, the ed Patient #12's medication note the order was not dated, was a medication error. 2 year-old female came to the the complaint of a right-sided ers. The "ER PROVIDER EUMENTATION RECORD," from Staff I, a NP, that was ed, for "Flexeril 10 mg PO se Flexeril 10 mg X 2 tabs to 6/16/10 at 10:30 AM, the ed Patient #14's medication he since the order was not eas a medication error. Year-old male came to the ER omplaint of sore throat. The	{C 2	76)			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION NG	COMPLE	
		131304	B. WIN	IG _			-C 8/2010
	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211	00/10	0/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{C 276}	The CAH had 2 me was a pharmacy por "Medication Error P1 page policy that is that have the potent reaction with the recresident's physician Emergency Departs primary physician which define medication Another policy, not ERRORS-EMERGI defined 7 levels of the errors. It was not centire hospital. The CAH's policies to prevent medication and prevent medication errors would be reportioned by the pharmacy policy of the pharmacy and reviewed Committee" on a minot specify the pharmacy and The 7 levels of medication error repharmacy and The 7 levels of medication grown and including to and including the specific proceduring the medication error repharmacy and the 7 levels of medication grown and including the medication error repharmacy and including the medication error and the medication error repharmacy er	dication error policies. One blicy, dated 2/15/01, titled colicy and Procedure." It was a stated "All medication errors tial to cause an adverse sident will be reported to the or the physician on call in the ment in the absence of the within 24 hours." The policy did on errors. dated, titled "MEDICATION ENCY DEPARTMENT," medication errors and types of lear if this policy applied to the were inconsistent and failed on errors. was not involved in the vention of medication errors. by "Medication Error Policy and 2/15/01, stated all medication error do by the "Pharmacy Review conthly basis. The policy did rmacist's role in reviewing the ports would be reviewed by the rapeutics Committee. It listed on errors from potential errors	{C 2	76)			
	s priamination						

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED	
		131304	B. WII	NG_			-C 8/2010
	ROVIDER OR SUPPLIER			,	TREET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211	00/1	0/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIED TO THE	OULD BE	(X5) COMPLETION DATE
{C 276}	Continued From pa	ge 25	{C 2	76)	}		
		s interviewed on 6/16/10 at ed he did not review t the hospital.					
	She stated medicat the Pharmacy Revi was not part of the questioning, she sta	viewed on 6/16/10 at 9:45 AM. ion errors were reviewed by ew Committee. She said she committee. Upon further ated the Pharmacy Review sursing home committee and the for the hospital.					
	outdated medicatio Surveyors observed storage area behind 6/17/10 beginning a	t been developed to check for ns on the nursing unit. d the medication cart and d the nursing station on at 2:00 PM. Outdated were observed included:					
	-medication cart- Ibuprofen 13 tablets -storage area- Sodium Chloride vi Epinephrine 1:1000 Benadryl injectable Nexium injectable,	als, expired 5/2005 injectable, expired 5/01/2010 , expired 4/2010					
	signed on 1/09/199 to "Periodically che all locations in the I						
	10:20 AM. He state	s interviewed on 6/16/10 at ed nurses checked for ns on the hospital units. He					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		12			F	R-C	
		131304	B, WING_		06/1	8/2010	
	IDER OR SUPPLIER	L		REET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
staplaph 4. pa ove sys Th Co Ph coo Me Fiv be Not att Th 10 Ph sta Th for the 5. me ad Nu at rec	The CAH did not rticipated with the ersight of medical stems. The policy "Pharma mannittee," approvant and The pharmacy and The pharmacy stated the monthly Medical Staff meeting when the policy stated the monthly Medical Staff meeting when the pharmacist was a common to the pharmacist of the pharmacist. The pharmacist of the pharmacist of the pharmacist of the pharmacist of the pharmacist. The pharmacist of the pharmacist of the pharmacist of the pharmacist of the pharmacist. The pharmacist of the pharmacist of the pharmacist of the pharmacist of the pharmacist. The pharmacist of the pharmacist. The pharmacist of the	ensure the pharmacist emedical staff to provide ation storage and delivery and Therapeutics are peutics Committee armacist and a member of the armacist and Therapeutics and 5/12/10 were reviewed. The staff meeting minutes and 5/12/10 were reviewed. The staff at the armacist in the armacist in the armacist and a part of the armacist committee. He are the armacist and another armacist and armacist and another armacist another armacist and another armacist another	{C 276}				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION NG	(X3) DATE S COMPL	
		131304	B. WING			R-C 18/2010
	PROVIDER OR SUPPLIER	L		REET ADDRESS, CITY, STATE, ZIP C 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
{C 276}	6/11/10 to 6/16/10. as administered du Solumedrol (a stero Rocephin (an antibianti-inflammatory d Invanz (an antibiotic Pharmacy policies of IV medications. The with the pharmacist stated the DON had He stated he was not IV medications. The DON was internated and the stated staff referred Medications book as which IV solution which medications ensure the compete administer IV medications ensure the compete administer IV medications. The CAH maintaines to rage and preparing IV fluids a inpatient administrative to the counter that ran the counter that ran the counter held a large container, a 4 tier of and wrapped supplied.	IV medications documented ring that time included oid), Levaquin (an antibiotic), totic), Toradol (a non-steroidal rug), Cubicin (an antibiotic), c), and Decadron (a steroid). did not address the mixing of is was confirmed by interview ton 6/16/10 at 10:20 AM. He di oversight of IV medications of involved with the mixing of viewed on 6/17/10 at 11:15 di policies related to the mixing ad not been developed. She I to Mosby's "2010 Intravenous for technical assistance such his were incompatible with However, she said a policy to ency of nurses to mix and cations and solutions had not he stated the CAH did not y that included guidelines for and mixtures for ER, OP, and	{C 276			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1'''	JLTIPLE CONSTRUCTION	(X3) DATE SI	
			A. BUIL			-C
	·	131304	B. WIN	G	1	8/2010
	ROVIDER OR SUPPLIER	L		STREET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOW CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION OATE
{C 276}	be kept cold. To the medication cart was cabinet with 3 open held plastic buckets oral, and topical makere labeled, but concluded both open vials. The small "U accommodate only The open counter a was approximately	e right of the wheeled is a wall mounted locked shelves below it. The shelves which contained various IV, edications. The medications ontained no patient labels, and ed containers and unopened shaped room could one staff member at a time. The staff member at a time area for medication preparation 14 inches wide by 8 inches the washing sink and in front of	{C 27	· ·		
	6/17/10 at 3:30 PM, described medication all patient medication were prepared, white patients. Staff B state area of 8 inches by sized area for patients. Staff B stated the one and unopened med was a stock medical	Staff B, the Charge Nurse on she explained the above on room was the room where ons, IV's, and IV medications on also included OP and ER ated she thought the counter 14 inches was an adequate int medication preparation. pen plastic buckets of opened ications without patient names ation supply to be used as a ded to the patient when used.				
	10:20 AM. He state	s interviewed on 6/16/10 at ed he had not inspected the is adequate for the mixing of		C 330 485.641 PERIODIC EVALUATION REVIEW	& QA	23 July (0
{C 330}	pharmacist oversigh	ne CAH were not supported by not or by CAH policies. EVALUATION & QA	{C 33	Refer to C-336 as it relates to to of the CAH to ensure an effect quality assurance program had developed and implemented.	ive	
	Periodic Evaluation Review	and Quality Assurance		de veloped and implemented.		

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N	ULTI	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUI	LDIN	G		-C
		131304	B. WI	1G			8/2010
	ROVIDER OR SUPPLIER	L		5′	EET ADDRESS, CITY, STATE, ZIP CODE 10 ROOSEVELT STREET MERICAN FALLS, ID 83211		, h-
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{C 330}	Continued From pa	ge 29	{C 3	30}			
{C 336}	Based on staff interpolicies, QI meeting emergency room rereports, it was determined and been the inability of the Care related issues. Refer to C336 as it CAH to ensure an eprogram had been to C346 as it CAH to ensure an eprogram had been to CAH to ensure an eprogram had been to CAH to ensure an eprogram had been to CAH to ensure an effective and been developed to the care of suff 485.641(b) QUALITY. The CAH has an effective and to care of suff to CAH has an effective and to care of the car	fective quality assurance	{C 3	36}	C 336 485.641(b) QUALITY ASSURANCE 1. A revised Quality Improplan has been developed Quality Improvement Coordinator that will in process to determine an departmental Quality Improvement projects, the quality improvement committee, and a procedure data received from Department managers. Department specific data	rovement ed by the aclude a oppropriate goals of ant ess to	

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING R-C	С
In willio	•
131304 B. WING 06/18/	/2010
NAME OF PROVIDER OR SUPPLIER HARMS MEMORIAL HOSPITAL STREET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211	<u> </u>
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION OATE
(C 336) Continued From page 30 programs and make improvements. The findings include: 1. The policy "Quality Improvement," dated 7/22/99, stated the hospital would develop a "process for continuous quality improvement to evaluate the quality of treatment in the facility. This process will be facility wide, include all departments and contracted services, and will include: Ongoing monitoring and data collection; Problem prevention, identification analysis; Identification of corrective actions; Implementation of corrective actions; evaluation of corrective actions; evaluation of corrective actions; evaluation of corrective actions assessment and facilitation of improvement activities. b. Coordinate/Integrate Q1 and compiliance activities throughout the hospital. c. Review data received from Department managers." The policy stated the quality improvement coordinator was "Assisting Hospital departments in data collection, analysis and reporting." The Q1 Committee meeting minutes for 2010 included minutes dated 1/12/10 and 4/13/10. The minutes for both meetings stated the committee meeting of the wore, no data was atlached to the meeting minutes. Also, no data was atlached to the meeting minutes. Also, no data was atlached to the meeting minutes. Also, no data was atlached to the meeting minutes. Missing data included department specific data and incidents such as falls and medication errors will be collected. Data collected in the past in order to determine if systems are improving. A quality improvement managers will be compared with data collected in the past in order to determine if systems are improving. A quality improvement meeting was held on 07/12/2010 where the new policy was discussed and where each department identified quality improvement coordinator and the facility improvement Coordinator and the facility board of directors for continued compliance. 2. The quality improvement committee will meet on 07/13/2010 to review the findings of the survey. The Director for Performance Improvement coordina	

NAME OF PROVIDER OR SUPPLIER HARMS MEMORIAL HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES STREET ADDRESS, CITY, STATE, 2P CODE STO ROOSEVELT STREET ADDRESS, CITY, STATE, 2P CODE STO ROOSEVELT STREET AMERICAN FALLS, ID 83211 PROVIDER'S PLAN OF CORRECTION AND STATE AND PROVIDER'S PLAN OF CORRECTION SHOULD BE PROVIDED TO PROVIDER'S PLAN OF CORRECTION SHOULD BE PROVIDED TO PROVIDE THE AMERICAN PLAN OF CORRECTION SHOULD BE PROVIDED TO PROVIDE THE AMERICAN PLAN OF CORRECTION AND SHOULD BE PROVIDED TO PROVIDE THE AMERICAN PLAN OF CORRECTION AND SHOULD BE PROVIDED TO CORSCAPTION OF CORSCAPTION SHOULD BE PROVIDED TO CORSCAPTION OF COR		FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Γ, ,		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
NAME OF PROVIDER OR SUPPLIER HARMS MEMORIAL HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY MUST BET PRECEDED BY FUIL, TAG) PRETEX (RACH DEFICIENCY MUST BET PRECEDED BY FUIL, TAG) CONTINUED From page 31 The OI Coordinator was was interviewed on 8/15/10 at 2:30 PM. Surveyors requested a copy of the OI plans. She stated a seview of the overall QI plan had not been completed in the past year. She also stated QI data was not available. She stated as he was not able to compare data, including incidents, from the past with current data in order to determine if systems were improving. The OI program for the hospital was not supported by a plan and data. 2. The CMS form 2567, dated 5/05/10, stated it was determined the hospital was not in compliance with the Condition of Participation for Periodic Evaluation and Quality Assurance Review (42 CFR Part 485.641) due to an inadequate QI program. The QI coordinator was was interviewed on 6/15/10 at 2:30 PM. She stated since the 5/05/10 survey, the QI Committee had not met to review the QI program. She stated the committee was scheduled to meet the following week. She stated she had met with individual members of the committee but she did not have documentation of this. The hospital failed to evaluate its QI program and take corrective action. 3. The hospital failed to evaluate its QI program and take corrective action. The OI Coordinator was interviewed on 6/15/10 at 2:30 PM. She stated a program and take corrective action. 3. The hospital failed to evaluate its QI program and take corrective action. 3. The hospital failed to evaluate its QI program and take corrective action. 3. The policy and procedure for Medication errors has been updated jointly by pharmacy and mursing to include a definition of what constitutes and edication error. The policy also contains the constitutes and calcinum errors has been updated jointly by pharmacy and mursing to include a definition of what constitutes and edication error. The policy also contains the constitutes				A. BUI	LDIN		R.	-c
HARMS MEMORIAL HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (REACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) PREFIX REQULATORY OF LISC DESTIFYMON INFORMATION)		•	131304	B. WIN	1G —			
(C 336) Continued From page 31 The QI Coordinator was was interviewed on 6/16/10 at 2:30 PM. Surveyors requested a copy of the QI plan. She stated a review of the overall QI plan had not been completed in the past year. She also stated QI data was not available. She stated as he was not able to compare data, including incidents, from the past with current data in order to determine if systems were improving. The QI program for the hospital was not supported by a plan and data. 2. The CMS form 2567, dated 5/05/10, stated it was determined the hospital was not in compliance with the Condition of Participation for Periodic Evaluation and Quality Assurance Review (42 CFR Part 485 641) due to an inadequate QI program. The QI Coordinator was was interviewed on 6/15/10 at 2:30 PM. She stated since the 5/05/10 survey, the QI Committee had not met to review the QI program. She stated more more supported by a state of the committee was scheduled to meet the following week. She stated she had met with individual members of the committee was scheduled to meet the following veek. She stated she had met with individual members of the committee was scheduled to meet the following veek. She stated she had met with individual members of the committee was scheduled to meet the following veek. She stated she had met with individual members of the committee was committee with the survey of 05/05/2010, the plan of correction for the survey of 05/05/2010, the plan of correction for the survey of 05/05/2010, the plan of correction for the survey of 05/05/2010, the plan of correction for the survey of 05/05/2010, the plan of correction for the survey of 05/05/2010 and the tentative plan of correction. The operations committee we at least quarter ty to oversee quality improvement activities of the facility. This corrective action will be complete by 07/23/2010 and the CEO will be responsible for scheduling meetings and ensuring they occur at least quarterly. 3. The policy and procedure for Medication errors has been updated jointly		•	L		5	10 ROOSEVELT STREET		
The QI Coordinator was was interviewed on 6/15/10 at 2:30 PM. Surveyors requested a copy of the QI plan. She stated a specific QI plan listing quality indicators was not documented. She stated a review of the overall QI plan had not been completed in the past year. She also stated QI data was not available. She stated she was not able to compare data, including incidents, from the past with current data in order to determine if systems were improving. The QI program for the hospital was not supported by a plan and data. 2. The CMS form 2567, dated 5/05/10, stated it was determined the hospital was not in compiliance with the Condition of Participation for Periodic Evaluation and Quality Assurance Review (42 CFR Part 485.641) due to an inadeguate QI program. The QI Coordinator was was interviewed on 6/15/10 at 2:30 PM. She stated since the 5/05/10 survey, the QI Committee had not met to review the QI program. She stated the committee was scheduled to meet the following week. She stated she had met with individual members of the committee but she did not have documentation of this. The hospital failed to evaluate its QI program and take corrective action. 3. The hospital failed to evaluate its QI program and take corrective action. 3. The hospital failed to evaluate its QI program and take corrective action. 3. The hospital failed to evaluate its QI program and take corrective action. 3. The policy and procedure for Medication errors has been updated jointly by pharmacy and mursing to include a definition of what constitutes a medication error. The policy also contains the committee of the facility.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETION
TO A TO A TO A STATE OF A STATE O	{C 336}	The QI Coordinator 6/15/10 at 2:30 PM of the QI plan. She listing quality indical She stated a review been completed in QI data was not avenot able to compare from the past with determine if system. The QI program for supported by a plar 2. The CMS form 2 was determined the compliance with the Periodic Evaluation Review (42 CFR Painadequate QI progwas interviewed on stated since the 5/0 Committee had not She stated the compliance with the following week, individual members not have document. The hospital failed take corrective actions. The hospital had medication/prescription and 6/14/10, the state Surveyors identified errors between 6/1.	was was interviewed on Surveyors requested a copy stated a specific QI plan tors was not documented. To of the overall QI plan had not the past year. She also stated aliable. She stated she was edata, including incidents, current data in order to as were improving. The hospital was not an and data. 567, dated 5/05/10, stated it is hospital was not in econdition of Participation for and Quality Assurance and 485.641) due to an aram. The QI Coordinator was 6/15/10 at 2:30 PM. She 05/10 survey, the QI met to review the QI program. Imittee was scheduled to meet as She stated she had met with sof the committee but she diduction of this. It evaluate its QI program and on. Identified only 2 of the follow-up survey. If 10 medication/prescription 1/10 and 6/17/10. The was interviewed on 6/16/10 at 1/10 are interviewed on 6/16/10 at 1/10 are interviewed on 6/16/10 at 1/10 and 6/17/10.	{C 3	36}	Governing Board and the and the committee met 07/02/2010, where the from the survey of 05/0 the plan of correction for survey of 05/05/2010 where the reviewed. The CEO altoward for the operation of the committee the results of survey of 06/25/2010, attentative plan of correction operations committee in and the plan of correction operations committee where at least quarterly to over quality improvement at the facility. This correlation will be completed 07/23/2010 and the CE responsible for schedul meetings and ensuring at least quarterly. 3. The policy and procedum Medication errors has be updated jointly by phannursing to include a decentry. The policy also constitutes a medication. The policy also constitutes a medication.	results 05/2010, for the were both 150 tions of the and the etion. The met again er review the survey ion. The will meet ersee ctivities of ective e by 60 will be ling they occur are for been macy and finition of ication contains	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING		· G	R-C	
		131304	B. WING			06/18/2010	
NAME OF PROVIDER OR SUPPLIER HARMS MEMORIAL HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE COMPLETION	
{C 336}	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		{C 3	PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE API		ease refer Errors", ing the be able to and counseling rrors, to the future. accy staff ling the generate a when ion error, Director of ive action 07/23/2010 ursing will re by lits of he, that 24 done daily, check the lication ly. RN's creening n updated hent that N	D)